



Contribution change request form for the partnership pension account & Civil Service Additional Voluntary Contribution Scheme (CSAVCS)

Please complete this form in black ink and in BLOCK CAPITALS and return it to your employer's payroll department.

Your personal details

Your name	<input type="text"/>
Your address and postcode	<input type="text"/> <input type="text"/>
Your date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your telephone number	<input type="text"/>
Your National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your pay number	<input type="text"/>

Your contributions

I wish to revise my contribution rate I wish to cease my contributions

Please confirm the amount you wish to contribute. If you wish to cease your contribution, enter zero here.

<input type="text"/>	%	of gross pay per month	OR	<input type="text"/>	£	per month
----------------------	---	------------------------	----	----------------------	---	-----------

Your declaration

Please revise or cease my contribution rate (as detailed above) from my salary from the next available pay period.

Your signature: _____

Date: ____/____/____
